**RETURN TO WORK FORM**

This form is to be completed when a PA returns to work after sickness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | |  | | |
| **Date of Absence** | | | | |
| **From** |  | | **To** |  |
| **Length of Absence** | | | | |
| **Days** | |  | | |
| **Weeks** | |  | | |
| **Months** | |  | | |
| **Reason(s) for Absence** | | | | |
|  | | | | |
| **Reasonable Adjustments / Phased Return to work / Personal Emergency and Evacuation Plan**  **(if any of the above applicable)** | | | | |
|  | | | | |
| **Employee Signed:** | | |  | |
| **Employer Signed:** | | |  | |
| **Date:** | | |  | |